

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. 10723958 / FILING DATE

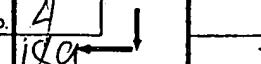
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
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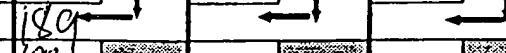
TOTAL IND.

4



TOTAL DEP.

189



TOTAL CLAIMS

193



	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
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99						
100						

TOTAL IND.

4



TOTAL DEP.

189



TOTAL CLAIMS

193

